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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***
**\*\* FOREIGN APPLICATIONS \*\*\*\*\***
**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 01/08/2002

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no			
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance			
Verified and Acknowledged	Examiner's Signature  Initials			
	STATE OR COUNTRY NC	SHEETS DRAWING 23	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 3

**ADDRESS**

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**TITLE**

Offload processing for secure data transfer

FILING FEE RECEIVED 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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